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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		<b>Attorney Docket Number</b>
		First Named Inventor
		Poliakine, Ran
<b>COMPLETE IF KNOWN</b>		
Application Number		/
Filing Date		
Group Art Unit		
Examiner Name		

Declaration Submitted with Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### Modular Front-Lit Display Panel

the specification of which

*(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
120529	IL	3/25/1997	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120530	IL	3/25/1997	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 385(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 U.S.C. 136 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (M/W/DO/YYYY)	Parent Patent Number (If applicable)
09/381,818 PCT/IL98/00135	12/22/1999 3/25/1998 (Int'l. Filing Date)	

Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named Inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:  Customer Number **24271**  Registered practitioner(s) name/registration number listed below

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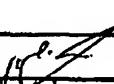
Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:  Customer Number or Bar Code Label **24271**  OR  Correspondence address below

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Country	Telephone		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like are made and punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle if any)		Family Name or Surname	
Ran		Pollakine	
Inventor's Signature			
Residence: City	State	Country	IL
Post Office Address	Mevasseret Zion		
Post Office Address	10 Harishonim St.		
City	State	ZIP	90805
Country	IL		

Additional inventors are being named on the **1** supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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valid OMB control number.**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental Sheet  
Page 1 of 1

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor.

Given Name (first and middle if any)

Family Name or Surname

Amir

Ben-Shalom

Inventor's  
Signature

Date

9/18/03

Residence: City

Mevaseret Zion

State

Country

IL

Citizenship

IL

Post Office Address

c/o Maglink Display Technologies Ltd.

Post Office Address

P.O. Box 3870

City

Mevaseret Zion

State

ZIP

BOBOS5

Country

IL

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor.

Given Name (first and middle if any)

Family Name or Surname

Inventor's  
Signature

Date

Residence: City

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Citizenship

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)	
09/381,818 PCT/IL98/00135	12/22/1999 3/25/1998 (Intl. Filing Date)		
<input type="checkbox"/> Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.			
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number <b>24271</b> → <input type="checkbox"/> Place Customer Number Bar Code Label here OR <input type="checkbox"/> Registered practitioner(s) name/registration number listed below			
Name	Registration Number	Name	Registration Number
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.			

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label <b>24271</b>		<input type="checkbox"/> OR <input type="checkbox"/> Correspondence address below
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle if any) <b>Ran</b>				Family Name or Surname <b>Poliakine</b>			
Inventor's Signature						Date	
Residence: City	Mevasseret Zion	State	Country	IL	Citizenship	IL	
Post Office Address	10 Harishonim St.						
Post Office Address							
City	Mevasseret Zion	State	ZIP	90805	Country	IL	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							

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<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b> Page <u>1</u> of <u>1</u>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Amir				Ben-Shalom				
Inventor's Signature							Date	
Residence: City	Mevasseret Zion	State		Country	IL	Citizenship	IL	
Post Office Address	c/o Magink Display Technologies Ltd.							
Post Office Address	P.O. Box 3670							
City	Mevasseret Zion	State		ZIP	90805	Country	IL	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature							Date	
Residence: City		State		Country		Citizenship		
Post Office Address								
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